

CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date: June 24, 2014

Agency Name: Washoe County Department of Social Services

Agency Address: P.O. Box 11130

Date of written notification to the Division of Child and Family Services and Legislative

Auditor: November 25, 2013

Internal reference UNITY ID or Report Number: Case # 1369274, Report # 1606394

Type of Report: ☐ 48 Hour Notice ☐ 15 Day Update ☐ 30 Day Update ☒ Final

☒ **Child Fatality** **Date of Death:** November 23, 2013

☐ **Near Fatality** **Date of Near Fatality:**

☐ **Portions of information on this form have been withheld at the request of**
_____ **law enforcement.**

(Name of agency)

Information for Release:

A. Date of the notification to the child welfare agency of the death of a child:

November 23, 2013

B. Location of child at the time of death or near fatality (city/county):

Reno, Nevada: Washoe County

C. A summary of the report of abuse or neglect and a factual description of the contents of the report:

Report received indicating that local law enforcement was called to the scene via an emergency call that indicated a father found his 5 year old son cold to the touch in his bed.

D. The date of birth and gender of child:

October 25, 2008 – male child

E. The date that the child suffered the fatality or near fatality:

November 23, 2013

F. The cause of the fatality or near fatality, if such information has been determined:

The child's autopsy reported that the death of the child was due to asthma. The manner of death was natural.

- G. Whether the agency had any contact with the child or a member of the child's family or household before the fatality or near fatality and, if so:** (1) The frequency of any contact or communication with the child or a member of the child's family or household before the fatality or near fatality and the date on which the last contact or communication occurred before the fatality or near fatality;
- (2) Whether the agency which provides child welfare services provided any child welfare services to the child or to a member of the child's family or household before or at the time of the fatality or near fatality;
- (3) Whether the agency which provides child welfare services made any referrals for child welfare services for the child or for a member of the child's family or household before or at the time of the fatality or near fatality;
- (4) Whether the agency which provides child welfare services took any other actions concerning the welfare of the child before or at the time of the fatality or near fatality; and
- (5) A summary of the status of the child's case at the time of the fatality or near fatality, including, without limitation, whether the child's case was closed by the agency which provides child welfare services before the fatality or near fatality and, if so, the reasons that the case was closed.

2 prior referrals have been received about this family.

3/9/11- Report assigned for investigation alleging domestic violence between 2 adults with the child present as well as being involved. The mother was the aggressor in the incident, physically attacking both her husband and her child. The case was substantiated against the mother for physical risk to her child. A protection order was sought by the dad against the mother and the case was closed with no further service provision. A referral to Nevada Early Intervention Services was completed on the child's behalf.

8/2/11 – Report assigned for investigation alleging physical injury to the back of the child's leg which may be possible abuse. The report was investigated and was unsubstantiated for physical abuse as there was no evidence to support that the child's bruise was inflicted. The case was closed without additional formal services however referrals were provided to parenting classes and school district assessment for child's speech delay.

- H. Whether the agency which provides child welfare services, in response to the fatality or near fatality:** (1) Has provided or intends to provide child welfare services to the child or to a member of the child's family or household; and (2) Has made or intends to make a referral for child welfare services for the child or for a member of the child's family or household; and (3) Has taken or intends to take any other action concerning the welfare and safety of the child or any member of the child's family or household.

This fatality has been assigned for investigation by WCDSS and local law enforcement. There are no other children in the home. Both parents were substantiated for medical neglect.

NON-DISCLOSURE NOTICE

The following information must not be released (see Policy on Public Disclosure of Child Fatality and Near Fatality Information, page 4): 1) Information regarding the sibling(s) of a deceased child; 2) the name of the reporting party or individual making an allegation or referral will not be released; 3) if the disclosure of the information would adversely affect any pending investigation concerning a report (NRS 432B.290(3)); 4) if the disclosure violates other federal or state law, including, but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Family Educational and Privacy Act of 1974 (FERPA), alcohol and drug abuse patient records (42 USC §290dd-2 and 42 CFR §212 (c)(6)), and any other applicable law.

